

Pat Book

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**107509035**

FILING DATE

APPLICANT(S)

| CLAIMS          |          |      |                        |      |                        |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               |          |      | /                      |      |                        |      |
| 2               |          |      | /                      |      |                        |      |
| 3               |          |      | /                      |      |                        |      |
| 4               |          |      | /                      |      |                        |      |
| 5               |          |      | /                      |      |                        |      |
| 6               |          |      | /                      |      |                        |      |
| 7               |          |      | /                      |      |                        |      |
| 8               |          |      | /                      |      |                        |      |
| 9               |          |      | /                      |      |                        |      |
| 10              |          |      | /                      |      |                        |      |
| 11              |          |      | /                      |      |                        |      |
| 12              |          |      | /                      |      |                        |      |
| 13              |          |      | /                      |      |                        |      |
| 14              |          |      | /                      |      |                        |      |
| 15              |          |      | /                      |      |                        |      |
| 16              |          |      | /                      |      |                        |      |
| 17              |          |      | /                      |      |                        |      |
| 18              |          |      | /                      |      |                        |      |
| 19              |          |      | /                      |      |                        |      |
| 20              |          |      | /                      |      |                        |      |
| 21              |          |      |                        |      |                        |      |
| 22              |          |      |                        |      |                        |      |
| 23              |          |      |                        |      |                        |      |
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| 29              |          |      |                        |      |                        |      |
| 30              |          |      |                        |      |                        |      |
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| 37              |          |      |                        |      |                        |      |
| 38              |          |      |                        |      |                        |      |
| 39              |          |      |                        |      |                        |      |
| 40              |          |      |                        |      |                        |      |
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| 42              |          |      |                        |      |                        |      |
| 43              |          |      |                        |      |                        |      |
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| 45              |          |      |                        |      |                        |      |
| 46              |          |      |                        |      |                        |      |
| 47              |          |      |                        |      |                        |      |
| 48              |          |      |                        |      |                        |      |
| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>IND.   |          | 5    |                        |      |                        |      |
| TOTAL<br>DEP.   |          | 15   |                        |      |                        |      |
| TOTAL<br>CLAIMS |          | 20   |                        |      |                        |      |

|                 |  |  |  |  |  |  |
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| 51              |  |  |  |  |  |  |
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| 99              |  |  |  |  |  |  |
| 100             |  |  |  |  |  |  |
| TOTAL<br>IND.   |  |  |  |  |  |  |
| TOTAL<br>DEP.   |  |  |  |  |  |  |
| TOTAL<br>CLAIMS |  |  |  |  |  |  |